

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 24

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 5 1963

1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Nevada

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Bates

c. CITY
OR
TOWN

Adrian

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

State Hospital #3

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Box 14

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

James

Middle

H.

Last

Wright

4. DATE OF DEATH

Month

Jan

Day

30

Year

'63

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-28-75

9. AGE (last birthday)

87

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

mail carrier

10b. KIND OF BUSINESS OR INDUSTRY

Postal Service

11. BIRTHPLACE (City and state or country)

Carlisle, Kentucky

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jackson Wright

13b. MOTHER'S MAIDEN NAME

Nancy Ann Shule

14. NAME OF HUSBAND OR WIFE

Jessie M. Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

hospital records

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis, genl'd

years

DUE TO (c)

senility

"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic brain syndrome due to cerebral arterio-sclerosis & psychotic reaction

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-29-63 to

1-30-63 and last saw him alive on

1-29-63

Death occurred at

1:30/A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. E. Link, M.D.

(Degree or title)

22b. ADDRESS

Nevada, Mo

22c. DATE SIGNED

1-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-30-1963

23c. NAME OF CEMETERY OR CREMATORY

local

23d. LOCATION (City, town, or county)

Adrian, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Six Funeral Home, Adrian, Missouri

25. DATE RECD. BY LOCAL REG.

1-31-1963

26. REGISTRAR'S SIGNATURE

Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. Douglas Ferry

Licensed Embalmer No.

4960

P. O. Address

Meranda, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.